

DEPARTMENT OF HEALTH SERVICES

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March 30, 1999

N.L.: 05-0399

Index: Benefits

TO: County California Children Services (CCS) Administrators and Medical Consultants, Genetically Handicapped Persons Program (GHPP) and State Children's Medical Services (CMS) Regional Offices Staff

SUBJECT: MEDICAL FOODS AS A CCS/GHPP BENEFIT

I. INTRODUCTION

Medical foods are products that contain necessary components of the diet to replace needed nutrients such as amino acids, protein and/or calories. Medical foods come in various forms, such as low protein baking mix, low protein pasta, bars, or other pre-packaged, modified food products. Medical foods are **not** food products readily available in the grocery stores. For example, a child with diabetes could find a variety of foods in the grocery store to meet the child's nutritional requirements without specially formulated medical foods.

The purpose of this letter and enclosed form is to provide a policy for CCS/GHPP authorization for medical foods. This letter is to be used in conjunction with N.L. 05-0399 on nutrition products such as formulas, calorie dense formulas, and additives.

II. POLICY GUIDELINES

- A. A medical food product is defined as a food that:
 - 1. is specially formulated to be consumed or administered enterally and is a substitution for necessary components of the diet (e.g., ordinary proteins/amino acids) that the child/adult cannot consume because of his or her medical condition;
 - 2. is intended for the specific dietary management of a disease or condition, such as metabolic conditions, for which specific nutritional requirements exist.
- B. Medical foods are a benefit of the CCS/GHPP programs when all of the following conditions are met:

1. The required medical food is:
 - a. to treat or ameliorate a CCS/GHPP-eligible medical condition; and
 - b. to be used in place of normal food products (e.g., grocery store foods) used by the general population; and
 - c. specially formulated for the dietary management of a disease or condition for which specific nutritional requirements exist (e.g., PKU, other amino acid defects, or urea cycle disorders); and
 - d. accepted as a safe and effective mode of treatment; and
 - e. not requested solely for the convenience of the beneficiary, family, physician, or other provider of services.
 2. The medical food is prescribed by a CCS-paneled physician or GHPP-approved physician who is a member of a CCS or GHPP Special Care Center and;
 3. The CCS/GHPP client is currently receiving comprehensive nutrition services by a CCS-paneled or GHPP-approved registered dietitian (R.D.).
- C. CMS-approved medical food requests shall be authorized for a maximum of a six-month period and only to pharmacies. Grocery stores or wholesale and retail vendors may not be authorized as providers for medical foods.
- D. For a CCS client who has full-scope, no share of cost Medi-Cal, the medical foods should be requested as an Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT SS).

III. IMPLEMENTATION GUIDELINES

- A. The medical consultant or designee shall:
1. Review all requests to make sure that the client or applicant meets the CCS or GHPP eligibility criteria.
 2. Ensure that the following information is available from the provider for review:

- a. a current (within six months) prescription for the medical foods from a CCS or GHPP Special Care Center physician who is CCS-paneled or GHPP-approved;
- b. the name of the pharmacy dispensing the product;
- c. a current (within six months) medical nutritional assessment by a CCS-paneled R.D. or GHPP Special Care Center R.D. This assessment shall include:
 - (1) Prescribed diet including daily number of phenylalanine exchanges or total protein intake for disorders requiring a protein restriction;
 - (2) the client's anthropometric/biochemical data and other pertinent medical data/reports to justify products being requested.
 - (3) a medical nutrition therapy treatment plan;
 - (4) percent of the total cost from snack foods.
- d. A completed CCS/GHPP Provider Request for Medical Foods (Attachment A) that includes:
 - (1) types of medical foods (i.e., LP baking mix);
 - (2) product line company names (i.e., Loprofin, Wel-Plan, Dietary Specialties);
 - (3) product code numbers;
 - (4) total amount (units or cases) of each medical food;
 - (5) number of servings for each product unit (number of servings per box, can, or case);
 - (6) cost per unit or case for each medical food product;
 - (7) total cost of all products submitted;
 - (8) dates and duration of request.

3. After checking to see that the request meets the requirements listed in A.1 – A.2, the GHPP center or CCS medical consultant or designee shall send all requests for medical foods to the CMS Branch Nutrition Consultant for a determination of medical necessity.

GHPP/CCS regional offices and independent county CCS programs should direct their requests to:

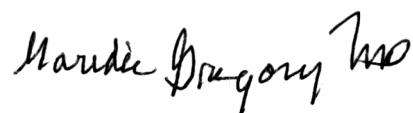
Nutrition Consultant
Specialty Consultant Unit
Children's Medical Services Branch
1800 Third Street, Room 191
P.O. Box 942732
Sacramento, CA 94234-7320
Telephone: (916) 323-8090
Facsimile: (916) 323-8104

4. The CMS Nutrition Consultant will either send a pre-priced approval with product name and code, amounts of each product, allowed cost per product, and total cost to the appropriate CCS or GHPP program, or a denial.

- B. Authorization for medical foods by the GHPP/CCS regional offices and independent counties programs.

When the medical foods are approved by the CMS Branch Nutrition Consultant, and the client meets other CCS/GHPP program eligibility requirements, the GHPP office, county program (or regional office) shall issue authorization for medical foods and instructions for claims submission.

If you have any questions regarding the authorization of medical foods for CCS, please contact your CMS Regional Office Nurse Consultant. If you have questions regarding the authorization of medical foods for GHPP, please the State CMS Nutrition Consultant at (916) 323-8090.



Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

**CCS/GHPP
PROVIDER REQUEST FOR MEDICAL FOODS**

Provider: Please complete the following information for the evaluation of your request. Attach *readable* copies of progress notes, laboratory reports, anthropometric data/growth grids, or any other information that supports your request. Omission of information may result in deferral or denial of your request.

DATE OF YOUR REQUEST: / /

PATIENT INFORMATION		
Patient Name	Date of Birth	County of Residence
Medi-Cal Number (or Social Security Number)	CCS/GHPP Number (if known)	

SERVICE REQUEST AND JUSTIFICATION (<i>attach additional pages as needed</i>)

A request for authorization of medical foods should include the following:

- ☐ A written prescription signed by a CCS paneled physician/GHPP authorized physician for low protein foods or other specific Medical Foods ;
- ☐ A copy of the nutritional assessment and treatment plan by the CCS paneled or GHPP authorized registered dietitian (RD) that includes the number of phenylalanine exchanges from low protein foods for PKU requests;
- ☐ ~~Current~~ Current medical history and center evaluation (within the last 6 months) and includes diagnosis and medical conditions;
- ☐ Documentation that the medical food is specially formulated and necessary for specific dietary management of a disease or condition for which specific nutritional requirements exist.

DEFINITION OF MEDICAL FOODS:

Medical Foods are medical food products that are not experimental but rather medically accepted as safe and effective treatments for the conditions for which they are proposed to be used. (as evidenced by publication in peer review journals).

PHARMACY PROVIDER: Address Phone Medi-Cal Provider Number or CGP No.	R EQUESTED BY: TITLE: Address Phone Fax	DIETITIAN CONTACT: Hospital/Center: Phone: Fax:
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Medical Food Product* (company name & exact product name)	Product Code	Weight per unit	# of Units (cans, boxes, or packages) in one case	# of Units or cases requested for 6 months	Cost of Unit or case	TOTAL COST REQUESTED	Cost Approved or Denied
*Snack foods are _____ % of the Total Cost (not to exceed 10 %)						TOTAL COST	

Submit to the local CCS program or state GHPP program. If you have questions about using this form, please call the local CCS Program or State GHPP Program.